

*Missouri Substance Abuse Counselors'
Certification Board, Inc.*

(573) 751-9211
(573) 522-2073 (FAX)

www.dmh.missouri.gov/msaccb/
email: MSACCB@mail.dmh.state.mo.us

P.O. Box 1250
Jefferson City, MO 65102-1250

TO: Prospective Continuing Education Providers
FROM: Shelby L. Hearne, Administrator
SUBJECT: MSACCB Continuing Education Provider Information

Thank you for your interest in becoming a Continuing Education Agency endorsed by the Missouri Substance Abuse Counselors' Certification Board (MSACCB). This endorsement is considered one of the most effective ways to strengthen and enhance the Recognized Associate Substance Abuse Counselors (RASAC), Certified Substance Abuse Counselors (CSAC), Certified Advanced Substance Abuse Counselor (CASAC) and Certified Substance Abuse Prevention Professional (CSAPP) credentials. Forty contact hours of education/training are required biennially for Certified Advanced Substance Abuse Counselors. Sixty contact hours of education/training are required biennially for Certified Substance Abuse Counselors and Certified Substance Abuse Prevention Professionals. Twenty contact hours of education/training are required annually for Recognized Associate Substance Abuse Counselors.

MSACCB approves agencies for a one year period which is renewable. The cost for agency approval is \$150.00 per year and MUST be included with the completed Application Form. Upon acceptance of your agency as a Provider, you will receive a notification letter and a Contact Hour Registration Form which you may copy as needed. Each time your agency offers a training you wish to be approved by the Board, a copy of this Registration Form, proposed schedule, program, and presenter(s) vitae(s) must be sent to our office a minimum of **90 days** prior to the training date. **The MSACCB does not pre-approve in-service trainings unless these trainings are also open to counselors outside that agency.** An agency may not advertise the training as endorsed by MSACCB until the agency is notified of endorsement by the MSACCB Office. The Agency may advertise they are seeking this endorsement.

Enclosed is an Application Form to be completed and returned to our office at your earliest convenience. Please understand the approval of all applications takes place at our Board meetings held on the third Thursday of January, March, May, July, **September** and November. Therefore, notification regarding your application could take weeks depending upon the date it is received.

In addition to the \$150.00 annual fee, there is a \$75.00 fee for each training event you have pre-approved by the MSACCB during the year of agency approval status. This fee is due at the time the training materials and Contact Hours Registration Form are submitted. Trainings will not be pre-approved without payment of the \$75.00 pre-approval fee. There is a \$1,500.00 cap

for trainings approved by the MSACCB during the year of approval status. Within two weeks of the training event the agency must submit a roster of participants who attended the training.

Please include a testing module of the above course which include pre and post test for review of course content, actual time necessary to complete the course, reading level and technical difficulty. The MSACCB reserves the right to have a Board Member complete the above training in its entirety prior to submitting it to the full Board for approval. Please return the requested information at least 90 days in advance of a Board meeting for review. Board meetings are held the third Thursday of January, March, May, July, September and November.

Enclosed is a copy of the Contact Hour Registration Form which you may make additional copies as needed. Please return a completed form to the Board Office each time you offer a training or education program you wish to be reviewed for approval by the Board. Each time your agency offers a training you wish to be approved by the Board, a copy of this Registration Form, proposed schedule, program and presenter(s) vitae(s) must be sent to our office a minimum of 90 days prior to the training date. This time frame allows a training to be reviewed at a Board meeting. An agency may not advertise the training as being endorsed by MSACCB

until the agency is notified of endorsement by the MSACCB Office. The Agency may advertise they are seeking this endorsement.

Your agency must provide all those attending your training with a letter or certificate showing their name, date and title of the program, and number of contact hours credited for the program.

From time to time the Quality Improvement Committee from the MSACCB will send representatives to attend and evaluate trainings which have been pre-approved. The MSACCB reserves the right to send a representative whose registration fee would be waived. Should a representative be sent to one of your trainings, I will notify you in advance.

The MSACCB has approximately 885 CASACs. CSACs and CSAPPs and approximately 250 RASACs. Should you wish to purchase mailing address labels or mailing lists for our counselors to advertise training events, the following fees apply.

Certified Substance Abuse Counselors	List \$300.00	Labels \$350.00
Per Region (Northern, Eastern, Southwestern, etc.)	List \$ 75.00	Labels \$85.00
Recognized Associate Substance Abuse Counselor	List \$115.00	Labels \$145.00
Per Region (Northern, Eastern, Southwestern, etc.)	List \$ 45.00	Labels \$50.00

If you wish to purchase a mailing list or labels please send a written request, include the appropriate fee, and advise the MSACCB if you wish your list/labels in alphabetical or zip code order. Our counselor lists/labels are provided with the understanding they are for a one time use for mailing of training information. Also, the list is not to be sold or given to any other party.

Advertising space is available in our quarterly newsletter the *Counselor Communiqué* for trainings, publications, job opportunities, and announcements, etc. Camera-ready layout and payment are due by the first of December, March, June and September for our January, April, July and October issues. Advertisement space is available in the following sizes:

Size of Advertisement	Number of Consecutive Issues			
	1	2	3	4
Full Page (7.5" x 10")	\$350.00	\$450.00	\$550.00	\$650.00
Half Page (7.5" x 4.75")	\$250.00	\$350.00	\$450.00	\$550.00
Quarter Page (3.5" x 4.75")	\$150.00	\$250.00	\$350.00	\$450.00

If I can be of any assistance to you in completing this application, please feel free to contact me at (573) 526-4099.

/slh

Enclosure

Revised 7/02

CONTINUING EDUCATION AGENCY **APPLICATION/RENEWAL**

Missouri Substance Abuse Counselors' Certification Board, Inc.
(573) 751-9211 fax (573) 522-2073

Agency _____ Name: _____

Address:

Street City State
Zip

Contact Person: _____ Phone: _____ Fax: _____

Eemail Address: _____ Web _____ Site: _____

How long has the agency been in existence?

Purpose or mission of the agency:

Projected programs for the next 12 month period : ____Homestudy ____Online
____Seminar

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Are these programs primarily for agency staff? Yes _____ No _____

Are these programs primarily for those in the field who are not employed with your agency? Yes _____ No _____

Is there a charge for these programs? Yes _____ No _____

* Please include a description of how you will evaluate trainings held. At a minimum the evaluation must address: accomplishments of program directives; instructor's

knowledge of topic(s); instructor's presentation skills; program strengths and weaknesses; and, learning environment appropriate for the program.

Homestudy Coursework must include a pre and post test.

* Please describe how you will verify participant attendance. Your agency must demonstrate a realistic way to ensure those who receive credit for the training actually attended the entire training. Agencies must provide participants with a certificate which includes the sponsoring agency name, title and date of seminar, participant's name, number of contact hours and an authorized signature. If a training has been approved for CASAC, CSAC I or CSAC II Counselors with five years of certified experience only, then this information must also be included on the certificate as well as any publications for the training.

Please Return This Application With The \$150.00 Annual Agency Fee

**To: MSACCB, P.O. Box 1250, Jefferson City, Missouri 65102-1250. revised
02/03**

CONTACT HOUR REGISTRATION FORM

Missouri Substance Abuse Counselors' Certification Board, Inc.

(573) 751-9211

fax (573) 522-2073

Title of workshop, program, or seminar, etc.: _____

_____Seminar _____Homestudy* ____On-line/Internet*

Location: _____

Beginning Date: _____ Ending Date: _____

Beginning Time: _____ Ending Time: _____

Number of Contact Hours: _____

The \$75.00 Pre-Approval Fee MUST Be Included With This Application unless you have paid the annual cap of \$1500.00. The Participant List Must Be Mailed To The MSACCB Within Two Weeks Of The Ending Date Of This Training.

Sponsoring Agency: _____

Contact Person: _____ Phone: _____

Fax: _____ Email: _____

Address: _____

Web Site: _____

* Please include a statement of the behavioral objectives your agency expects as an outcome of this training. Example: The Substance Abuse Counselor will be able to identify specific indicators of mental illness that signal the need for consultations/referrals to mental health care professionals.

* Please include a statement which identifies one or more Counselor Core Functions which will be addressed and how this core function links to the behavioral objective mentioned above (Counselor Core Function definitions are attached for your convenience). Example: #10-Referral: Professionals will be able to appropriately refer clients who have been identified as having needs that cannot be met by the counselor or agency.

* Please attach a list of the instructors and a description high-lighting the education experience which qualifies the instructors to teach this training. Please also identify which instructors will teach which topics. Documentation may include course work, continuing education, experience, research, authoring of books, etc.

* Please include a copy of the proposed schedule and program with this form. The Board reserves the right to reject a program for contact hours. *If this is a Homestudy or Internet course, please include a testing module of the above course which include pre and post test for review of course content, actual time necessary to complete the course, reading level and technical difficulty.

* Agencies must provide participants with a certificate which includes the sponsoring agency name, title and date of the training, participant's name, number of contact hours and an authorized signature. If a training has been approved for CASAC or CSAC Counselors with five years of certified experience only this information must also be included on the certificate as well as any publications for the training.

Please return this registration form, \$75 fee and the requested information at least 90 days in advance of the training event to:

Missouri Substance Abuse Counselors' Certification Board

Post Office Box 1250

Jefferson City, Missouri 65102-1250

FAX Number (573) 522-2073 revised

02/03

12 CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR

1. **SCREENING** -- The process by which the client is determined appropriate and eligible for admission to a particular program.
2. **INTAKE** -- The administrative and initial procedures for admission to a program.
3. **ORIENTATION** -- Describing to the client:
 - general nature and goals of the program;
 - rules governing client conduct and infraction that can lead to disciplinary action or discharge from the program;
 - in a non-residential program, the hours during which services are available;
 - treatment costs to be borne by the client, if any, and;
 - client's rights.
4. **ASSESSMENT** -- The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, programs and needs for the development of a treatment plan.
5. **TREATMENT PLANNING** -- Process by which the counselor and the client:
 - identify and rank problems needing resolution;
 - establish agreed upon immediate long term goals; and,
 - decide upon a treatment process and the resources to be utilized.
6. **COUNSELING** -- (Individual, Group, and Significant Others) -- The utilization of special skills to assist individuals, families or groups in achieving objectives through:
 - exploration of a problem and its ramifications;
 - examination of attitudes and feelings;
 - consideration of alternative solutions; and,
 - decision making
7. **CASE MANAGEMENT** -- Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.
8. **CRISIS INTERVENTION** -- Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.
9. **CLIENT EDUCATION** -- Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
10. **REFERRAL** -- Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.
11. **REPORTS AND RECORD KEEPING** -- Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client related data.
12. **CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES** -- Relating with our own and other professionals to assure comprehensive, quality care for the client.